FORM **BT-EXT**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

Application for 7 Month Extension of Time to File

IMPORTANT: YOU MAY BE ELIGIBLE FOR AN AUTOMATIC 7-MONTH EXTENSION OF TIME TO FILE YOUR NEW HAMPSHIRE BUSINESS ENTERPRISE TAX AND BUSINESS PROFITS TAX RETURNS WITHOUT FILING AN APPLICATION.

If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date and you will not be subject to the late filing penalty. **Please note that an extension of time to file your returns is not an extension of time to pay the tax.**

WHEN TO USE THIS FORM: If you need to make an additional payment in order to have paid 100% of the tax determined to be due, then you must submit this form with payment by the original due date in order to be granted an extension of time to file your returns.

WHEN TO FILE: This form must be postmarked on or before the original due date of the returns.

REASONS FOR DENIAL: Applications for extension will be rejected for reasons such as, but not limited to, failure to complete the tax payment schedule, absence of the taxpayer's or authorized agent's signature, the application was postmarked **after** the due date for filing the return, or if the payment for the balance due shown on line 5 below did not accompany this application.

WHERE TO FILE: Document Processing Division, 61 South Spring Street, PO Box 637, Concord, NH 03302-0637.

NEED HELP? Call the New Hampshire Department of Revenue Administration, Taxpayer Assistance Office, at (603)271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

PLEASE PRINT OR TYPE			
	PROPRIETORSHIP – LAST NAME	FIRST NAME & INITIAL	PROPRIETOR'S SOCIAL SECURITY NUMBER ____ – ____ – ____
	PROPRIETORSHIP – SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER ____ – ____ – ____
	CORPORATE, PARTNERSHIP, FIDUCIARY, PRINCIPAL NH BUSINESS ORGANIZATION OR NON-PROFIT NAME		
	NUMBER AND STREET ADDRESS		FEDERAL IDENTIFICATION NUMBER (Corporation, Partnership, Fiduciary, Principal NH Business Organization & Non-Profit) ____ – ____
	CITY OR TOWN, STATE AND ZIP CODE		

For the CALENDAR year **1997** or other tax year beginning __ __ __ (Mo Day Year) and ending __ __ __ (Mo Day Year)

★ **ENTITY TYPE** Check one of the following:

☐ Proprietorship ① ☐ Corporation/Combined Group ② ☐ Partnership ③ ☐ Fiduciary ④ ☐ Non-Profit Organiztion ⑤

★ **TAX PAYMENT SCHEDULE**

1	Enter 100% of the Business Enterprise Tax determined to be due	1		
2	Enter 100% of the Business Profits Tax (net of BET credit) determined to be due	2		
3	Subtotal (Line 1 plus line 2)	3		
4	LESS: Credit carried over from prior year and payments of estimated tax	4		
5	BALANCE DUE: Make check payable to: State of New Hampshire	5		

(IF NEGATIVE OR ZERO, YOU ARE NOT REQUIRED TO FILE THIS APPLICATION)

Under the penalties of perjury, I declare that I have examined this application, and to the best of my belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

★ **SIGNATURE** ________________________________ **DATE** ____________

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

GENERAL INSTRUCTIONS FOR FILING THE BUSINESS TAX RETURNS

WHEN TO FILE	**Calendar Year:** If the business organization files its federal return on a calendar year basis, then the BET return and the BPT return are due and must be postmarked NO LATER than the date indicated on the BPT return. **Fiscal Year:** If the business organization files its federal return on a fiscal year basis, then the business organization must file the BET return and/or the BPT return based on the same taxable period. The corporate returns are due and must be postmarked NO LATER than the 15th day of the third month following the close of the fiscal year. **For Non-Profit Organizations:** The returns are due and MUST be postmarked NO LATER than the 15th day of the fifth month following the close of the fiscal year.
EXTENSION TO FILE	New Hampshire no longer requires a taxpayer to file an application for an automatic 7-month extension of time to file provided that the taxpayer has paid 100% of both the Business Enterprise Tax **and** the Business Profits Tax determined to be due by the original due date of the returns. If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you must file a "Payment Voucher and Extension Application For Business Tax Returns", Form BT-EXT. This application and payment must be postmarked on or before the original due date of the returns. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties. You are not required to attach a copy of your federal extension to your NH returns.
WHERE TO FILE	Mail To: NH DEPT REVENUE ADMINISTRATION Document Processing Division PO Box 637, Concord, NH 03302-0637 **FAX RETURNS ARE NOT ACCEPTED**
IDENTICAL FILING ENTITY	The return filed for the Business Enterprise Tax **MUST** reflect the identical business entity reported for Business Profits Tax purposes. There are separate booklets for corporate, combined group, partnership, proprietorship and fiduciary returns. Non-profit organizations and limited liability companies shall file using the form which correspond to their entity structure.
SEPARATE FILING THRESHOLDS	There are different filing criteria for the Business Enterprise Tax and the Business Profits Tax. You must determine whether or not you are required to file for each tax independent of your filing requirement for the other tax. **IF YOU ARE REQUIRED TO FILE <u>EITHER</u> TAX, THEN YOU MUST FILE A BUSINESS TAX SUMMARY. THE BUSINESS TAX SUMMARY VERIFIES AND UPDATES BOTH THE BUSINESS ENTERPRISE TAX AND/OR THE BUSINESS PROFITS TAX. FAILURE TO FILE A BUSINESS TAX SUMMARY WILL CONSTITUTE AN INCOMPLETE FILING OF THE BUSINESS TAX RECORDS.**
WHO MUST FILE A BET RETURN	Every profit or non-profit enterprise or organization engaged in or carrying on any business activity within NH which meets the following criteria must file a Business Enterprise Tax return: Gross Business Receipts in excess of $100,000 or Enterprise Value Tax Base in excess of $50,000 If your gross receipts total in excess of $100,000, then you are required to file a BET return. If your gross receipts are $100,000 or less, use the following worksheet to determine if your enterprise value tax base is greater than $50,000: 1. Total compensation paid or accrued: 1. $ __________ 2. Total interest paid or accrued: 2. $ __________ 3. Total dividends paid: 3. $ __________ 4. Sum of lines 1, 2 and 3: 4. $ __________ If line 4 is greater than $50,000, you are required to file a BET return. Section 501(c)(3) non-profit organizations are not required to file to the extent they do not engage in any unrelated business activity under section 513 of the IRC.
WHO MUST FILE A BPT RETURN	All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowner's associations must file a Business Profits Tax return provided they are carrying on business activity within New Hampshire and their gross business income from everywhere is in excess of $50,000. "Gross business income" means all income for federal income tax purposes from whatever source derived including: total sales, total rents, gross proceeds from the sale of assets, etc., before deducting any costs or expenses. Even if there is no profit, a return must be filed when the gross business income exceeds $50,000. For Fiduciary Filers: Income from Grantor Trusts (Section 671 of the US Internal Revenue Code) shall be included in the Business Profits Tax return of the owner(s).

S-CORP FILERS	New Hampshire treats subchapter "S" corporations as if they were "C" corporations. All S-corporations are required to complete Form DP-120. Returns filed without a DP-120 will be incomplete and may be returned to the taxpayer. S-corporations who make actual distributions to New Hampshire resident shareholders are required to file Form DP-9 separately from the return.
ESTIMATED BPT & BET DUE FOR 1998	Every entity required to file a Business Profits Tax return and/or a Business Enterprise Tax return must also make estimated Business Tax payments for its subsequent taxable period, unless the **ANNUAL** estimated tax for the subsequent taxable period is less than $200. However, if at the end of any quarter the estimated tax for the year exceeds $200 an estimated tax payment must be filed. The estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax for exceptions and penalties for noncompliance.
NEED HELP OR FORMS	Call theTaxpayer Assistance Office at (603) 271-2186, Monday through Friday, 8:00 - 4:00. All written correspondence to the department should include the taxpayer name, federal identification number or social security number, the name of a contact person and a daytime telephone number. To obtain additional forms or forms not contained in this booklet, please call (603) 271-2192. Copies of the State tax forms may also be obtained from many public libraries located throughout the state.
TDD ACCESS	Hearing or speech impaired individuals may call: TDD Access: Relay NH 1-800-735-2964.
ATTACH FEDERAL SCHEDULES/ FORMS	A Business Profits Tax return must be accompanied by a complete and legible copy of the federal income tax return or other appropriate federal forms, consolidating schedules and supporting schedules. The corporate return must have the federal form 1120, pages 1, 2, 3 and 4 and all schedules. The proprietorship return must have federal schedules C, E, F, 4797 and 6252, if applicable. The partnership return must have the federal form 1065 and applicable schedules. The fiduciary return must have the federal form 1041 pages 1, 2, 3, and 4, and applicable schedules. Failure to attach all federal schedules as required shall be deemed a failure to file New Hampshire returns and will subject the taxpayer to penalties.
CONFIDENTIAL INFORMATION	Tax information which is disclosed to the New Hampshire Department of Revenue Administration, either on returns or through Department investigation, is held in strict confidence by law. The Department of Revenue Administration, the US Internal Revenue Service and other states have agreements under which tax information is exchanged. This exchange of information is to verify the accuracy and consistency of information reported on federal, state and New Hampshire tax returns.
AMENDED RETURNS	If you discover an error was made on your BET and/or BPT return(s) after they were filed, amended returns should be promptly filed by completing a corrected Form BT-SUMMARY and the appropriate BET and/or BPT returns. You should check the "AMENDED" block in STEP 2 on the Business Tax Summary. For changes made by the Internal Revenue Service, please see STEP 2 on the Business Tax Summary. If you need to amend prior year BET and/or BPT return(s), then please call the department for the correct form. The telephone number for forms only is (603) 271-2192. You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions. AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE RETURN.
REFERENCES TO FEDERAL FORMS	**All references to federal tax forms and form lines are based on draft forms available at the time the state forms were printed. If the federal line number and description do not match, follow the line description or contact the department.**
ROUNDING OFF	Money items on all Business Enterprise Tax and Business Profits Tax forms may be rounded off to the nearest whole dollar.
FILING SEQUENCE	Please file the applicable schedules in the following order sequence: BT-Summary, BET, BET-80, BPT return (NH-1120, NH-1065, NH-1040, or NH-1041) DP-80, DP 2210/2220, DP-132, DP-160, DP-120 and then the appropriate federal pages.

FORM **BT-SUMMARY**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS TAX SUMMARY 1997

For the CALENDAR year **1997** or other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

SEQUENCE # 1

STEP 1 Please Print or Type

PROPRIETORSHIP - LAST NAME | FIRST NAME & INITIAL

PROPRIETORSHIP - SPOUSE'S LAST NAME | FIRST NAME & INITIAL

CORPORATE, PARTNERSHIP, FIDUCIARY OR NON-PROFIT NAME

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

SOCIAL SECURITY NUMBER ____ – ____ – ____

SPOUSE'S SOCIAL SECURITY NUMBER ____ – ____ – ____

FEDERAL IDENTIFICATION NUMBER ____ – ____

PRINCIPAL BUSINESS ACTIVITY CODE (Follow Federal Instructions)

STEP 2 Return Type, Federal Information and Filing Requirement

ARE YOU REQUIRED TO FILE A BET RETURN: YES ____ NO ____
ARE YOU REQUIRED TO FILE A BPT RETURN: YES ____ NO ____
If you checked yes, please make sure the complete return is attached to the BT-Summary.

☐② CORPORATION -OR- ☐② COMBINED GROUP | ☐③ PARTNERSHIP | ☐⑤ NON-PROFIT | ☐① PROPRIETORSHIP | ☐④ FIDUCIARY | ☐ AMENDED RETURN | ☐ FINAL RETURN

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to NH. Enter years covered by IRS ____________________ Submit changes under a separate cover.

STEP 3 **PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY.**

STEP 4 Figure Your Balance Due or Overpayment

1 (a)	Business Enterprise Tax Net of Statutory Credit	1 (a)	
(b)	Business Profits Tax Net of Statutory Credits	1 (b)	1
2	PAYMENTS:		
(a)	Tax paid with application for extension	2 (a)	
(b)	Payments from 1997 estimated taxes	2 (b)	
(c)	Payments carried over from prior year	2 (c)	
(d)	Payments with original return (Amended returns only)	2 (d)	2
3	TAX DUE (Line 1 less line 2)		3
4	ADDITIONS TO TAX:		
(a)	Interest (See instructions)	4 (a)	
(b)	Failure to Pay (See instructions)	4 (b)	
(c)	Failure to File (See instructions)	4 (c)	
(d)	Underpayment of Estimated Tax (See instructions)	4 (d)	4
5 (a)	Subtotal of Amount Due (Line 3 plus line 4)	5 (a)	
5 (b)	Payment made by EFT (See instructions)	5 (b)	
5	BALANCE DUE Make checks payable to: State of New Hampshire. **Enclose, but do not staple or tape your payment with this return.**		5
6	OVERPAYMENT (Line 2 plus line 5 (b) less line 1, adjusted by line 4, if applicable)	6	
7	Apply overpayment amount of line 6 to: (a) The 1998 tax liability		7 (a)
	(b) Refund - Please allow 12 weeks for processing		7 (b)

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.

STEP 5 Signature(s)

Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

Signature | Signature of Paid Preparer Other Than Taxpayer

Title and Date | Preparer's Identification Number | Date

Spouse's Signature and Date (PROPRIETORSHIP ONLY) | Preparer's Address

City or Town, State and Zip Code

MAIL TO: NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NH 03302-0637

FORM

BT-SUMMARY

Instructions

BUSINESS TAX SUMMARY
LINE-BY-LINE INSTRUCTIONS

STEP 1 Name, Address, Social Security or Federal Identification Number	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997. If you have received a booklet of tax forms and instructions with a pre-addressed label, remove it from the booklet cover and place it in the space provided. If no label was provided, please PRINT the taxpayer's name, address, social security number or federal identification number, and principal business activity code in the spaces provided. Enter spouse's name, social security number and principal business activity code in the spaces provided for separate proprietorship only. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.
STEP 2 Return Type, Federal Information and Filing Requirement	Please indicate whether or not you are required to file the Business Enterprise Tax return and Business Profits Tax return. If you are not required to file either the Business Enterprise Tax or Business Profits Tax do not submit the returns or the BT-Summary. Failure to answer questions in step 2 will result in inquiries from the department, which may generate late filing penalties. Check the entity type which corresponds to your organizational structure. Check the AMENDED RETURN box if this is the second (or additional) Business Tax Summary that has been filed for any ONE tax year. Check the FINAL RETURN box only when the business organization has ceased to exist. Check the box if the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire. Enter the tax years examined by the IRS on the line provided. To report IRS adjustments, you must submit the appropriate Form DP-87 under separate cover. To obtain the correct form please call (603) 271-2192.
STEP 3	**PLEASE COMPLETE THE BET AND/OR BPT RETURNS AND THEN BUSINESS TAX SUMMARY.**
STEP 4 Figure Your Balance Due or Overpayment	Line 1(a) Enter the amount of your Business Enterprise Tax balance due net of statutory credits. Line 1(b) Enter the amount of your Business Profits Tax balance due net of statutory credits. Line 1 Enter the sum of lines 1(a) and 1(b) Line 2(a) Enter the amount paid with application for extension(s), Form BT-EXT. Include extention payments made by Electronic Funds Transfer. Line 2(b) Enter estimated payments to be applied to this year. Include estimate payments made by Electronic Funds Transfer. Line 2(c) Enter the prior year overpayment which was carried forward to this tax year. Line 2(d) When filing an AMENDED RETURN, enter the amount of payment remitted with the original Business Tax Summary. Line 2 Enter the total of lines 2(a) through 2(d). Line 3 Enter the amount of line 1 less line 2. Show a negative amount with brackets, e.g., ($50). Line 4 Additions to tax are calculated on the individual taxes. Please complete the following calculations to determine the amount due if applicable for each line. Line 4(a) Interest is calculated on the balance of tax due from the original due date to the date paid at 11% per year. (Tax due x number of days from the due date to date tax was paid x .0003). ____________________ x ____________________ x .0003 = ____________________ Enter on line 4 (a). Tax Due (line 3) Number of days Interest due

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 4 (continued)	Line 4(b)	A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay when due and the failure to pay is due to willful neglect or intentional disregard of the law but without intent to defraud. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.
	Line 4(c)	A taxpayer failing to timely file a complete return will be subject to a penalty equal to 5% of the tax due or $10, whichever is greater, for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or $50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return has been filed.
	Line 4(d)	If line 1 (a) or 1(b) is more than $200 you may have been required to file estimated business tax and/or business enterprise tax payments during the tax year. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimate payments, complete and **attach** Form DP-2210/2220. Use only one Form DP 2210/2220 to calculate the underpayment of estimated taxes for both the Business Enterprise and Business Profits Taxes. Form DP-2210/2220 may be obtained by calling (603) 271-2192.
	Line 4	Enter the total of lines 4(a) through 4(d).
	Line 5(a)	Enter the tax due (Line 3) plus the sum of interest and penalties (Line 4).
	Line 5(b)	Enter the amount of payment made by Electronic Funds Transfer for this return only. Any extention or estimate payments made by Electronic Funds Transfer should be included on lines 2(a) and 2(b) respectively.
	Line 5	Enter the amount of line 5(a) less line 5(b). **This is the balance due**. Make check or money order payable to: STATE OF NEW HAMPSHIRE. If less than $1.00, do not pay, but still file the return. Please enclose, but do not staple or tape your payment with this return. To ensure the check is credited to the proper account, please put your federal identification number or social security number on the check.
	Line 6	If the total tax (Line 1) plus interest and penalties (Line 4) is less than the payments [(Line 2) plus line 5(b)] then you have overpaid. Enter the amount overpaid.
	Line 7	The taxpayer has an option of applying any part of the overpayment or the total amount of the overpayment as a credit toward next year's tax liability. Enter the desired credit on line 7(a). The remainder, which will be refunded, should be entered on line 7(b). If line 7(a) is not completed, the entire overpayment will be refunded. Please allow 12 weeks for processing your refund.
STEP 5 Signature	The return must be dated and signed by the taxpayer or authorized agent. If you are filing a joint return, then **both** you and your spouse must sign and date the return. If the return was completed by a paid preparer, then the preparer must also sign and date the return. The preparer must also enter their federal ID number and their complete address.	

SEQUENCE # 2

FORM
BET

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS ENTERPRISE TAX RETURN FOR CORPORATIONS, PARTNERSHIPS, FIDUCIARIES AND NON-PROFIT ORGANIZATIONS

For the CALENDAR year **1997** or other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS RECEIPTS WERE GREATER THAN $100,000

OR

THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN $50,000.

STEP 1 Please Print or Type Name	CORPORATE, PARTNERSHIP, FIDUCIARY, OR NON-PROFIT NAME	FEDERAL IDENTIFICATION NUMBER _______ — _______________

If your business activities are conducted both within and without New Hampshire AND the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income or a capital stock tax in another state, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for lines 1, 2 and 3. If you need Form BET-80 and it is not included in your booklet, it may be obtained by calling (603) 271-2192.

STEP 2 Compute the Enterprise Value Tax Base.	1 Dividends Paid	1	
	2 Compensation and Wages Paid or Accrued	2	
	3 Interest Paid or Accrued	3	
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)		4
STEP 3 Figure Your Tax	5 NH Business Enterprise Tax (Line 4 x .0025)		5
	6 RSA 162-L:8. Community Development Finance Authority Credit (See instructions)		6
	7 Business Enterprise Tax Net of Statutory Credit (Line 5 less line 6. **IF NEGATIVE, ENTER 0.**)		7

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

FORM BET Instructions

BUSINESS ENTERPRISE TAX RETURN
LINE-BY-LINE INSTRUCTIONS

STEP 1 Name and Federal ID Number	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997. Please PRINT the enterprise's name and federal identification number in the spaces provided.
Business Enterprise Tax Base Apportion-ment	If your business enterprise activity is conducted both within and without New Hampshire and is subject to tax in another state, whether or not actually imposed by that state, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for lines 1, 2 and 3 of the Form BET. After completing Form BET-80, enter the amount from line 17 onto line 1 of your Form BET. Enter the amount from line 24 onto line 2 of Form BET. Enter the amount from line 29 onto line 3 of Form BET. Proceed to line 4.
STEP 2 Compute the Enterprise Value Tax Base.	Line 1: DIVIDENDS PAID Enter the amount of dividends paid. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock of the same enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. Per RSA 77-E:1, VI, the term "Dividends" does NOT include the following: – Distributions of money or property to beneficiaries of a trust qualified under section 401 of US IRC; – Cash or non-cash payments of life, sickness, accident, or other benefits to members or their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c)(9) of the US IRC; – Distributions of money or property to participants from any common trust fund as defined under section 584 of the US IRC; – Policyholder dividends as defined under section 808 of the US IRC, to the extent such dividends are not reduced pursuant to section 809 of the US IRC; – Payment of interest on deposits of depositors of a mutual bank or credit union; or – Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under section 641 or described in section 664 of the US IRC, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities, and those incidental to or in support of such personal investment activities.
	Line 2: COMPENSATION AND WAGES PAID OR ACCRUED Enter the amount of compensation paid or accrued, including deferred compensation. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under section 3401 of the US IRC. The compensation amount entered on line 2 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the US IRC to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III in the taxable period. If the proprietor is a partner in a partnership, the net earnings from self-employment does not include the partner's distributive share of the partnership earnings. Payments made expressly exempt from withholding under Section 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US IRC should not be included in line 2.
	Line 3: INTEREST PAID OR ACCRUED Enter the amount of interest paid or accrued. Per RSA 77-E:1, XI, "interest" means: All amounts paid or accrued for the use or forbearance of money or property. The term "interest" shall not include amounts paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders or by voluntary employees' beneficiary associations qualified under section 501(c) (9) of the US IRC to fulfill obligations to members.
	Line 4: ENTERPRISE VALUE TAX BASE Enter the sum of lines 1, 2 and 3.
STEP 3 Figure Your Tax	Line 5: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX Multiply line 4 by .0025.
	Line 6: CDFA CREDIT Enter the amount of any Community Development Finance Authority Credit claimed pursuant to RSA 162-L:8. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or $200,000 in any given tax year. If you also claim this credit on your BPT or other tax form, the combined total shall not exceed $200,000 in any given tax year.
	Line 7: BUSINESS ENTERPRISE TAX BALANCE DUE Enter the total amount of line 5 less line 6. **IF NEGATIVE, ENTER 0.**

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

BUSINESS ENTERPRISE TAX

QUICK CHECKLIST

- COMPENSATION -

"Compensation" means all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period on behalf of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under IRC 3401.

Compensation Subject to Tax

- Wages subject to federal income tax withholding.
- Contributions on behalf of employees to qualified pension, profit-sharing and stock bonus plans.
- Contributions on behalf of employees to annuity or deferred-payment plans.
- Fringe benefits provided to and included in gross income of employees for federal income tax purposes.
- Imputed interest on a below market compensation related loan between employer and employee.
- The "Compensation for Personal Services" deduction taken by a proprietor or a partner on the NHBPT return pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the NHBPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2401.14

Non-taxable Compensation

- Payment for independant contractors where no employer/employee relationship pursuant to Rev. 2401.11
- Payments in the form or for the following services:
  - Members of the armed forces
  - Ministers
  - Paper boys and girls under the age of 18
  - Volunteers of Peace Corps
  - Group term life insurance on the life of an employee
  - Moving expenses
  - Non-cash or cash tips to an employee if not deductible by the employer
  - Educational assistance
  - Scholarships
  - Medical reimbursements
- Health Insurance
- Taxpayer's distributive share of net earnings from a trade or business conducted by another business enterprise.
- Self-employment income retained for use in enterprise but not deducted under RSA 77-A:4, III

- INTEREST -

"Interest" means all amounts paid or accrued for the use or forbearance of money or property.

Interest Subject to Tax

- Interest paid or accrued not reduced by interest income or other fee income and without regard to any federal deductibility limitation or federal capitalization requirements.
- Property transferred by a business enterprise not classified as interest, but the substance of the transaction indicates that the payment was made in lieu of interest

Non-taxable Interest

- Amount paid, credited or set aside in connection with reserves by insurers.
- Amount paid by VEBA's (Voluntary Employees' Benefit Association).

- DIVIDENDS -

"Dividends" means any distribution of money or property, other than the distribution of newly issued stock, to owners of the business enterprise with respect to their ownership interest in such enterprise from the accumulated revenues and profits of the enterprise.

Dividends Subject to Tax

- All property transferred from the accumulated profits of a business enterprise to an owner with respect to the owner's ownership interest.
- All personal expenitures made by a business enterprise on behalf of an owner which have not been properly reported as compensation or loans for federal income tax purposes.
- Forgiveness of an owner's indebtness to the business enterprise, unless reported as compensation or interest to the individual and include in those elements of the EVTB (Enterprise Value Tax Base).
- Automatic re-investment of property distributed from accumulated profits into additional stock.

Non-taxable Dividends

- Amounts deducted under RSA 77-A:4, III for personal services of the propietor or partner shall be considered an expense in determining net income from business activities (also see the compensation section).
- Distribution in liquidation or in complete redemption of an owner's interest.
- Any deemed dividend election that may be made by members of an affiliated group.
- Pensions, profit-sharing, stock bonus plan.
- Cash or non-cash payments from VEBA'S (Voluntary Employees' Beneficiary Association).
- Distribution of money or property from a common trust fund.
- Life insurance dividends.
- Payments of interest on deposits of depositors of a mutual bank or credit union.
- Distributions of money or property to or on behalf of beneficiaries of a trust.
- Patronage dividends.

FORM
BET-80

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS ENTERPRISE TAX APPORTIONMENT

SEQUENCE # 3

For the CALENDAR year **1997** or other tax year beginning ___ / ___ / ___ (Mo Day Year) and ending ___ / ___ / ___ (Mo Day Year)

NAME	FEDERAL IDENTIFICATION /SOCIAL SECURITY NUMBER

SECTION I – APPORTIONMENT FACTORS

COMPENSATION AND WAGES FACTOR	1 NH Compensation and Wages Paid or Accrued	1	
	2 Everywhere Compensation and Wages Paid or Accrued	2	
	3 COMPENSATION FACTOR (Line 1 divided by line 2) Enter this amount on line 21.	3 •	
INTEREST FACTOR	4 Average of NH Property	4	
	5 Average of Everywhere Property	5	
	6 INTEREST FACTOR (Line 4 divided by line 5) Enter this amount on line 26.	6 •	
DIVIDEND FACTOR	7 NH Sales (see instructions)	7	
	8 Everywhere Sales (see instructions)	8	
	9 Sales Factor (Line 7 divided by line 8)	9 •	
	10 Sub-total (Sum of lines 3, 6 and 9)	10 •	
	11 DIVIDEND FACTOR (See instructions) Enter this amount on line 15 .	11 •	

SECTION II – BUSINESS ENTERPRISE TAX BASE APPORTIONMENT

DIVIDEND APPORTIONMENT	12 Dividends Paid (see instructions)	12	
	13 Less Dividend Deduction (See instructions)	13	
	14 Subtotal (Line 12 less line 13)	14	
	15 Dividend Apportionment Factor (From line 11)	15 •	
	16 Taxable Dividends (Line 14 multiplied by line 15. If negative, show in brackets)	16	
	17 TOTAL TAXABLE DIVIDENDS (From line 16.) **IF NEGATIVE, ENTER 0.** Enter this amount on line 1, Form BET or Form BET-PROP.	17	
COMPENSATION AND WAGES APPORTIONMENT	18 Everywhere Compensation and Wages Paid or Accrued	18	
	19 LESS: Retained Compensation (See instructions)	19	
	20 Subtotal (Line 18 less line 19)	20	
	21 Compensation Apportionment Factor (From line 3)	21 •	
	22 Taxable Compensation (Line 20 multiplied by line 21)	22	
	23 LESS: Dividend Offset (See instructions)	23	
	24 TOTAL TAXABLE COMPENSATION (Line 22 less line 23) Enter this amount on line 2, Form BET or Form BET-PROP.	24	
INTEREST APPORTIONMENT	25 Interest Paid or Accrued	25	
	26 Interest Apportionment Factor (From Line 6)	26 •	
	27 Taxable Interest (Line 25 multiplied by line 26)	27	
	28 LESS: Dividend Offset (See instructions)	28	
	29 TOTAL TAXABLE INTEREST (Line 27 less line 28) Enter this amount on line 3, Form BET or Form BET-PROP.	29	

FORM **BET-80** Instructions

BUSINESS ENTERPRISE TAX APPORTIONMENT

GENERAL INSTRUCTIONS

WHO MUST APPORTION	A business enterprise must apportion its enterprise value tax base if: – its business activities are conducted both within and without New Hampshire, AND – the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income, or a capital stock tax in another state whether or not it is actually imposed by the other state.
SPECIFIC APPORTIONMENT QUESTIONS	Questions regarding apportionment under the NH Business Enterprise Tax should be directed to: New Hampshire Department of Revenue Administration, Audit Division, PO Box 457, Concord, New Hampshire 03302-0457. Telephone: (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

LINE-BY-LINE INSTRUCTIONS

SECTION I APPORTIONMENT FACTORS

COMPENSATION AND WAGES FACTOR

LINE 1 & 2	Enter on line 1 the "NH" compensation and wages paid or accrued. Enter on line 2 the "EVERYWHERE" compensation and wages paid or accrued. "Compensation and wages" includes: All wages, salaries, fees, bonuses, commissions or other payments paid or accrued, including deferred compensation, in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under section 3401 of the US Internal Revenue Code. Payments made expressly exempt from withholding under Sections 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19), and (20) of the US Internal Revenue Code should not be included in line 1 or 2. **For Proprietorships and Partnerships, refer to special instructions for compensation and wages under line 18.**
LINE 3	Enter on line 3 the amount of line 1 divided by line 2. Express this amount as a decimal to six places.

INTEREST FACTOR

LINES 4 & 5	Enter on line 4 the average value of beginning and ending "NH" real and tangible personal property owned and employed. Enter on line 5 the average value of beginning and ending "EVERYWHERE" real and tangible personal property owned and employed. Property includes all real and tangible personal property owned and employed by the business organization during the tax period in the regular course of its trade or business. Leasehold improvements are treated as property owned by the business enterprise. Real and tangible personal property which is rented or leased is NOT included in the Business Enterprise Tax interest factor. "Real and tangible personal property" includes land, buildings, improvements, equipment, merchandise or manufacturing inventories, leasehold improvements and other similar property that reflects the organization's business activities. Property shall be included if it is actually used or is available for or capable of being used during the tax period in the regular course of the trade or business of the organization. Property or equipment under construction during the tax period, except inventoriable goods in process, shall be excluded until such property is actually used or available for use by the business organization in its regular trade or business. Valuation of Owned Property: Property owned by the business organization must be valued at its original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition, prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment, etc. Inventory is included in accordance with the valuation method used for federal income tax purposes. "Beginning of Period" means when the assets are available for use. Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property. Where fluctuations in values exist during the period or where property is acquired or disposed of during the period, a monthly average shall be used to prevent distortions.
LINE 6	Enter on line 6 the amount of line 4 divided by line 5. Express this amount as a decimal to six places.

LINE-BY-LINE INSTRUCTIONS (continued)

DIVIDEND FACTOR	
LINES 7 & 8	Enter on line 7 the "NH" sales. Enter on line 8 the "EVERYWHERE" sales. Sales includes: – sales, less returns and allowances, – interest, rents and royalties, – dividends which are not eligible for the dividend deduction under RSA 77-E:3, II and III, – capital gain income, – net gains or losses, and – other income unless the other income is properly included as a reduction of an expense or allowance.
LINE 9	Enter on line 9 the amount of line 7 divided by line 8. Express this amount as a decimal to six places.
LINE 10	Enter on line 10 the sum of the lines 3, 6 and 9.
LINE 11	Enter on line 11 the amount of line 10 divided by three. Express this amount as a decimal to six places. If there are only two factors with an everywhere denominator included on line 10, then divide by 2; if only one factor, divide by 1.
SECTION II BUSINESS ENTERPRISE TAX BASE APPORTIONMENT	
DIVIDEND APPORTIONMENT	
LINE 12	Enter the amount of dividends paid. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock of the same enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. Per RSA 77-E:1, VI, the term "Dividends" does **NOT** include the following: – Distributions of money or property to beneficiaries of a trust qualified under section 401 of US Internal Revenue Code; – Cash or non-cash payments of life, sickness, accident or other benefits to members or their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c) (9) of the US Internal Revenue Code; – Distributions of money or property to participants from any common trust fund as defined under section 584 of the US Internal Revenue Code; – Policyholder dividends as defined under section 808 of the US Internal Revenue Code, to the extent such dividends are not reduced pursuant to section 809 of the US Internal Revenue Code; – Payment of interest on deposits of depositors of a mutual bank or credit union; or – Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under section 641 or described in section 664 of the US Internal Revenue Code, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities and those incidental to or in support of such personal investment activities.
LINE 13	Enter the amount allowed for dividends received from members of an affiliated group of business enterprises, as provided in RSA 77-E:3, II and III.
LINE 14	Enter the amount of line 12 less line 13.
LINE 15	Enter the DIVIDEND FACTOR from line 11.
LINE 16	Enter the product of line 14 multiplied by line 15. If negative, show in brackets e.g. ($50).
LINE 17	If line 16 **is negative, enter 0** on line 17. If line 16 is positive, enter the same amount on line 17. **ENTER THE AMOUNT FROM LINE 17 ON LINE 1 OF YOUR BUSINESS ENTERPRISE TAX RETURN, FORM BET OR FORM BET-PROP.**

LINE-BY-LINE INSTRUCTIONS (continued)

COMPENSATION AND WAGES APPORTIONMENT, INCLUDING DEFERRED COMPENSATION	
LINE 18	Enter the amount of everywhere compensation paid or accrued, including deferred compensation. Include all wages,salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under section 3401 of the US Internal Revenue Code. Payments made expressly exempt from withholding under Sections 3401 (a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US Internal Revenue Code should not be included in line 18.
	FOR PROPRIETORSHIPS AND PARTNERSHIPS: The compensation amount entered on line 18 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the US Internal Revenue Code to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III in the taxable period.
LINE 19	Enter the amount of any net earnings from self-employment which are retained and used for the reasonable needs of the enterprise. See Rev 2403.01 for further clarification.
LINE 20	Enter the amount of line 18 less line 19.
LINE 21	Enter the COMPENSATION FACTOR from line 3.
LINE 22	Enter the product of line 20 multiplied by line 21.
LINE 23 and LINE 28	If line 16 is positive or 0, enter 0 on lines 23 and 28. If line 16 is negative, then this amount may be applied on line 23 to offset “TAXABLE COMPENSATION” or applied on line 28 to offset “TAXABLE INTEREST”. The amount entered on line 23 cannot exceed the amount on line 22. The amount entered on line 28 cannot exceed the amount on line 27. The sum of lines 23 and 28 cannot exceed the amount on line 16.
LINE 24	Enter the amount of line 22 less line 23. **ENTER THE AMOUNT FROM LINE 24 ON LINE 2 OF YOUR BUSINESS ENTERPRISE TAX RETURN, FORM BET OR FORM BET-PROP.**
INTEREST APPORTIONMENT	
LINE 25	Enter the amount of interest paid or accrued. Per RSA 77-E:1, XI, “interest” means all amounts paid or accrued for the use or forbearance of money or property. The term “interest” shall not include amounts paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders or by voluntary employees’ beneficiary associations qualified under section 501(c) (9) of the US Internal Revenue Code to fulfill obligations to members.
LINE 26	Enter the INTEREST FACTOR from line 6
LINE 27	Enter the product of line 25 multiplied by line 26.
LINE 28	See instructions for line 23.
LINE 29	Enter the amount of line 27 less line 28. **ENTER THE AMOUNT FROM LINE 29 ON LINE 3 OF YOUR BUSINESS ENTERPRISE TAX RETURN, FORM BET OR FORM BET-PROP.**

FORM **NH-1120**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SEQUENCE # 4

CORPORATION BUSINESS PROFITS TAX RETURN

For the CALENDAR year **1997** or other tax year beginning ____ (Mo Day Year) and ending ____ (Mo Day Year)

Due Date for CALENDAR year filers is on or before March 16, 1998 or the 15th day of the 3rd month after the close of the fiscal period.

YOU ARE REQUIRED TO FILE THIS FORM IF YOUR GROSS BUSINESS INCOME WAS GREATER THAN $50,000.

STEP 1 Please Print or Type

NAME OF CORPORATION | FEDERAL IDENTIFICATION NUMBER

STEP 2 Questions

A Is the corporation filing its tax return on an IRS approved 52/53 week tax year? .... Yes ______ No ______

B Does the corporation file with the IRS as part of a federal consolidated return? .... Yes ______ No ______

C Is this corporation affiliated with any other business organization that files business tax returns with this department? Please identify by name and FEI: ______ Yes ______ No ______

D Does the corporation file as part of a unitary group in any other jurisdiction? .... Yes ______ No ______

E Is this a "combined" business profits tax return? .... Yes ______ No ______

If the answer to "E" is yes, do not complete this return. You must file a NH-1120-WE return. Please call (603) 271-2192 to request a copy of the 1997 Business Tax Booklet for Combined Corporations.

STEP 3 Figure Your Taxes

1 **Gross Business Profits**

(a) Taxable income (loss) before net operating loss deduction and special deductions (See instructions and attach copy of federal return) .... 1(a)

(b) Separate entity or passive loss limitation adjustments (See instructions) ... 1(b)

(c) NH Gross Business Profits (Combine line 1(a) and line 1(b), If negative, show in brackets. See instructions for NOL carryforward provisions) .... 1(c)

2 **Additions and Deductions**

(a) Add back income taxes or franchise taxes measured by income (Attach schedule of taxes by state).. 2(a)

(b) "Safe Harbor" or other similar leases (RSA 77-A:4-a and Rev 303.01) (Attach schedule showing computation) .... 2(b)

(c) NH Net Operating Loss Deduction (Attach Form DP-132) .... 2(c) ( )

(d) Interest on direct US Obligations .... 2(d) ( )

(e) Wage adjustment required by I.R.C. Section 280C .... 2(e) ( )

(f) Deductible dividends (See instructions) .... 2(f) ( )

(g) Income exempt under federal constitutional law, net of related expenses (See instructions) .... 2(g) ( )

(h) Distribution from joint venture or partnership subject to NH taxation (Attach schedule: Name, Federal I.D. No. and amount distributed) .... 2(h) ( )

(i) Foreign dividend gross-up (I.R.C. Section 78)..................................... 2(i) ( )

(j) Research contribution (See RSA 77-A:4 XII. Attach computation) .... 2(j) ( )

(k) Contributions made to a Qualifying Venture Capital Fund .... 2(k) ( )

(l) Add back return of capital from Qualifying Venture Capital Fund .... 2(l)

(m) Combine lines 2(a) through 2(l). If negative, show in brackets .... 2(m)

3 Adjusted Gross Business Profits (Line 1(c) adjusted by line 2(m). If negative, show in brackets) 3

4 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.)........................ 4 .

5 New Hampshire Taxable Business Profits (Line 3 x line 4. If negative, enter O.)................................... 5

6 New Hampshire Business Profits Tax (Line 5 x 7%) 6

STEP 4 Figure Your Credits

7 Credits allowed under RSA 77-A:5 as shown on Form DP-160 7

8 Subtotal (Line 6 less line 7) 8

9 Business Enterprise Tax Credit (See instructions) 9

10 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of line 8 or line 9) 10

11 NH Business Profits Tax Net of Statutory Credits (Line 8 less line 10. **IF NEGATIVE, ENTER 0**.)............ 11

ENTER THE AMOUNT FROM LINE 11 ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.
IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

FORM
NH-1120
Instructions

BUSINESS PROFITS TAX RETURN
LINE-BY-LINE INSTRUCTIONS

STEP 1 Name & Federal ID No.	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1997. Please PRINT the corporation's name and federal identification number in the spaces provided.
STEP 2 Questions	Line A: Check "yes" if the corporation files its tax return on an IRS approved 52/53 week tax year. Line B: Check "yes" if the corporation files with the IRS as part of a federal consolidated return. Line C: Check "yes" if the corporation is affiliated with any other business organization that files NH business tax returns. Line D: Check "yes" if the corporation files as part of a unitary group in any other jurisdiction. Line E: NH requires business organizations tht are conducting a unitary business within and without NH to file a combined business profits tax return. (A member of the unitary group must be subject to tax in another jurisdiction.) There is a NH Combined Business Tax return booklet with information, forms and instructions specifically for combined groups. Combined groups are **required to use form NH-1120-WE** which is included in that booklet. To obtain that booklet, please call (603) 271-2192.
STEP 3 Figure Your Taxes	Line 1: INCOME (a) Enter the amount of taxable income or loss before application of the net operating loss deduction or other special deductions from the federal corporate tax return (line 28). "S" Corporations are required to complete form DP-120, Computation of "S" Corporation Gross Business Profits. Other corporations filing special federal corporate tax returns must include the income that is comparable to a regular corporation's taxable income before net operating loss deduction and special deductions. Corporations who file a consolidated federal return must include the amount which would have been shown as their taxable income before net operating loss deduction and special deductions if they were not part of the federal consolidated group and a separate return had been required. (b) Enter the amounts which arise from the necessity of adjusting gross business profits to accommodate the NH requirement of separate entity treatment for business organizations. Examples are a partner's share of the partnership activities reported on the federal corporate tax return (Rev 302.02) or the adjustments required under IRC Section 857(b) (2) for real estate investment trusts and IRC Section 857(b) (2) for regulated investment companies. Attach a supporting schedule detailing amount and type of adjustment(s). Enter any passive activity loss disallowed federally under IRC Section 469. Also enter any amount used to adjust the reported gain or loss on sale of assets which is attributable to an accumulated passive loss. If the total of this adjustment is a negative amount, then show in brackets, e.g. ($50). (c) Enter the total of lines 1(a) and line 1(b). If this total is negative, this amount represents your net operating loss available for future deduction. NH no longer requires the filing of a Net Operating Loss Annual Report, Form RP-131. However, a future NOL deduction is still subject to the carryback and carryforward provisions and apportionment provision pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.04. Line 2: ADDITIONS AND DEDUCTIONS (a) Enter the total NH Business Profits Tax and any income tax, franchise tax measured by net income or capital stock tax assessed by any state or political subdivision that was deducted on this year's federal return. Attach a schedule of taxes by state. Do not include the NH Business Enterprise Tax liability in this amount. (b) NH requires modification of the federal income tax treatment of "Safe Harbor" and other similar leasing transactions. Attach a schedule showing the required adjustments. **Seller/Leasee:** Add back the acquisition price of benefits and any rental expense incurred. Deduct professional costs incurred, interest income included in federal taxable income, depreciation or the ACRS deduction not already deducted in arriving at federal taxable income. The buy-out price shall be deducted from the selling price if there is a binding obligation included in the agreement. If no binding obligation exits, the buy-out price shall be deducted in the year the buy-out is exercised. **Buyer/Lessor:** Add back interest expense and depreciation or the ACRS deduction deducted in arriving at federal taxable income. The buy-out price, if any, shall be added back to the purchase price if there is a binding obligation included in the agreement. If no binding obligation exists, the buy-out price shall be added back in the year the buy-out is exercised. Deduct the acquisition price of benefits, professional costs incurred and rental income included in arriving at federal taxable income. Refer to RSA 77-A:4-a and Rev 303.01 for additional information. (c) Enter the amount of carryover loss available as shown on line 6 of Form DP-132. **Form DP-132 must be attached to the return.** (d) Enter the amount of gross business profits as is attributable to income derived from non-taxable interest on notes, bonds or other direct securities of the United States. (e) Enter the amount of the jobs credit (IRC Section 280C) deducted on this year's federal return. (f) In the case of a corporation which is the parent of an affiliated group (pursuant to IRC chapter 6), enter the amount of gross dividends paid to the parent by a subsidiary whose gross business profits have already been subject to taxation under RSA 77-A during the same period. Attach a schedule listing the name, Federal Employer Identification number and amount paid by the subsidiary.

LINE-BY-LINE INSTRUCTIONS (Continued)

STEP 3 (continued)

Line 2: (continued)

(g) Enter the deduction for any portion of the business organization's gross business profits which is allowed to be excluded pursuant to federal constitutional law. This deduction must be net of any expense paid or incurred that relate to the excluded income portion. Attach a supporting schedule listing the name, FEI number and amount paid.

(h) In the case of a corporation which is a participant in a joint venture or a partner in a partnership, enter the amount of distribution from the joint venture or partnership whose gross business profits have already been subject to taxation under RSA 77-A during the same or an overlapping fiscal period. Attach a schedule listing the name, FEI number and amount(s) paid by each joint venture or partnership.

(i) Enter the amount of gross business profits that is attributable to foreign dividend gross-ups as determined in accordance with IRC Section 78.

(j) In the case of a business organization which makes qualified research contributions as defined in RSA-77 A:1,X, the gross business profits shall be adjusted by: (a) adding to gross business profits the amount deducted under IRC Section 170 in arriving at federal taxable income; and (b) deducting from gross business profits an amount equal to the sum of the taxpayer's basis in the contributed property plus 50 percent of the unrealized appreciation, or twice the basis of the property, whichever is less.

(k) Enter a deduction equal to the contribution made to a Qualified Venture Capital Fund during the applicable taxable period.

(l) Enter an addition equal to any return of capital previously taken as a deduction pursuant to RSA 77-A:4, XVII as a capital contribution to a Qualifying Venture Capital Fund if such return of capital is received within 3 taxable periods after the taxable period in which it was deducted.

(m) Enter the total of lines 2(a) through 2(l) on line 2(m). Show negative amounts in brackets, e.g. ($50).

Line 3: ADJUSTED GROSS BUSINESS PROFITS
Enter the total of line 1(c) adjusted by line 2(m). Show negative amounts in brackets, e.g. ($50).

Line 4: NEW HAMPSHIRE APPORTIONMENT
Corporations which have business activity both within and without this state AND which are subject to income taxes or a franchise tax measured by net income in another state, whether or not actually imposed by the other state, must apportion their gross business profits to New Hampshire by using Form DP-80, Apportionment of Income, After completing the Form DP-80, enter the apportionment percentage on line 4 of your Form NH-1120. Show to six decimal places. **All others enter 1.00 on line 4.**

Line 5: Enter the product of line 3 multiplied by line 4. If negative, enter 0.

Line 6: Enter the product of line 5 multiplied by 7%.

STEP 4 Figure Your Credits

Line 7: Enter the amount of credits allowed under RSA 77-A:5 as shown on Form DP-160. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on line 7. Do not include the BET Credit on this line.**

Line 8: Enter the amount of line 6 less line 7.

Line 9: To calculate the BET credit to be applied against this years BPT, complete the following worksheet.

BET CREDIT WORKSHEET

	Tax year ended __/__/__	Tax year ended __/__/__	Tax year ended __/__/__	Tax year ended __/__/__	Tax year ended __/__/__
A. BET Credit Carryforward Amount. *See note below.					
B. Current year BET Liability LESS					
C. Current year BPT Liability					
D. Enter the amount of line B less line C. If NEGATIVE, ENTER O.					
E. BET Credit available for a deduction this tax year. Sum of line A and line B.					
F. BET Credit deduction this year. The amount on line F should be entered on line 9 of NH-1120.					
G. BET Credit carryforward Amount. Line E less line F. Carry this amount forward and indicate on line A under subsequent year.					

*NOTE: The line A amount is from line G of the previous year's BET CREDIT WORKSHEET. If this is the initial year of the BET (Tax Years ending on or after 7-1-93) indicate 0.

Line 10: Enter the lesser amount of line 8 or line 9. If line 9 is greater than line 8, then a "Business Enterprise Tax Credits" Carryover exists. Any unused portion of the current years credits may be carried forward and allowed against any Business Profits Tax due for the next 5 taxable periods.

Line 11: Enter the amount of line 8 less line 10. **IF NEGATIVE, ENTER O.**

ENTER THE AMOUNT FROM LINE 1 1 ON LINE 1(b) OF THE BUSINESS TAX SUMMAR Y FORM.

FORM DP-80 Schedule A

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS PROFITS TAX APPORTIONMENT

SEQUENCE #5

For the CALENDAR year **1997** or other tax year beginning ____ (Mo Day Year) and ending ____ (Mo Day Year)

NAME	FEDERAL IDENTIFICATION/SOCIAL SECURITY NUMBER

	(a) Everywhere (Denominator)		(b) New Hampshire (Numerator)		(c) Sales/Receipts Factor
1 SALES/RECEIPTS FACTOR: 1(a)	$	1(b)	$		
1(c) Divide 1(b) by 1(a) = ______ x 2 .... (Express as a decimal to 6 places)				1(c)	•

	(a) Everywhere (Denominator)		(b) New Hampshire (Numerator)		(c) Payroll Factor
2 PAYROLL FACTOR: 2(a)	$	2(b)	$		
2(c) Divide 2(b) by 2(a) .... (Express as a decimal to 6 places)				2(c)	•

3 PROPERTY FACTOR:

(a) Everywhere (Denominator)	Beginning of Period	End of Period	(b) New Hampshire (Numerator)	Beginning of Period	End of Period
Inventory			Inventory		
Buildings			Buildings		
Furniture & Fixtures			Furniture & Fixtures		
Leasehold Improvements			Leasehold Improvements		
Land			Land		
Other Tangible Assets			Other Tangible Assets		
________________			________________		
Sub Totals	$	$	Sub Totals	$	$
Average of Sub Totals	$		Average of Sub Totals	$	
Rented Property (annual rate x 8)			Rented Property (annual rate x 8)		
Total Property Everywhere 3(a)	$		Total NH Property 3(b)	$	

3(c) Divide 3(b) by 3(a) .... (Express as a decimal to 6 places)	3(c)	•
4 TOTAL OF LINES 1(c), 2(c) and 3(c)	4	•
5 NEW HAMPSHIRE APPORTIONMENT: Line 4 divided by 4 and expressed as a decimal to 6 places..... If there are only one or two factors with an "Everywhere" denominator, see instructions.	5	•

ADDITIONAL INFORMATION

Principal business activity in New Hampshire: ____________________

Business locations in New Hampshire - location of factories, sales offices, warehouses, etc. (Attach a list if more space is required)

____________________ ____________________

____________________ ____________________

Year first NH return filed: 19 ___ Year registered with NH Secretary of State: 19 ___ State of incorporation (2-letter ID): ____

City, State and Country where records are located ____________________

CITY/TOWN STATE COUNTRY

Business locations outside New Hampshire. (Attach a list if more space is required)

		Answer Yes or No		
Location City and State	Indicate whether factory, sales office, warehouse, construction site, etc.	Registered to do business in state where located?	Files returns in state where located?	Apportion sales, payroll and/or property in state where located?

FORM
DP-80
Instructions

GENERAL INSTRUCTIONS

WHO MUST APPORTION: A business organization must apportion its income if:

— Its business activities are conducted both within and without New Hampshire, **AND**
— The business organization is subject to a net income tax, a franchise tax based upon net income or a capital stock tax whether or not actually imposed by the other state. See RSA 77-A:3.

INCOME SUBJECT TO APPORTIONMENT: The Business Profits Tax law, RSA 77-A, does not contain a provision differentiating between business and non-business income. All income constitutes business income subject to apportionment unless specifically excluded by RSA 77-A.

EFFECTIVE DATE OF WEIGHTED SALES FACTOR: The weighted Sales/Receipts Factor, as computed on line 1(c), is only applicable to taxable periods ending ON OR AFTER JULY 1, 1994. **If your taxable period ends before July 1, 1994, then do not use this form.** Please call (603) 271-2192 for the correct form.

SPECIFIC QUESTIONS REGARDING APPORTIONMENT: Questions regarding apportionment of income under the New Hampshire Business Profits Tax should be directed to: New Hampshire Department of Revenue Administration, Audit Division, PO Box 457, Concord, New Hampshire 03302-0457, (603) 271-3400.

For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

LINE-BY-LINE INSTRUCTIONS

For each line 1, 2, and 3 show in (a) the dollar amount attributable to the water's edge combined group's "EVERYWHERE" (the denominator) and show in (b) the dollar amount attributable to "NEW HAMPSHIRE" (the numerator).

LINE 1 — SALES/RECEIPTS FACTOR: The sales/receipts factor includes:

— sales, less returns and allowances,
— interest, rents and royalties,
— dividends which are not eligible for the dividend deduction under RSA 77-A:4, IV or the factor relief provision of RSA 77-A:3, II(b),
— capital gain net income,
— net gains or losses, and
— other income unless the item is properly included as a reduction of an expense or allowance.

Business organizations included in a combined group must eliminate all intercompany transactions with other members of the unitary group for both the numerator and the denominator of the sales/receipts factor.

Enter Everywhere sales in 1(a). Enter NH sales in 1(b). Divide 1(b) by 1(a). Multiply the result by 2. Enter the product in 1(c).

LINE 2 — PAYROLL FACTOR: The payroll factor is the total compensation consisting of wages, salaries, commissions and other forms of remuneration paid during the tax period to employees for personal services. Employee benefits should not be included in the payroll factor.

Business organizations included in a combined group must eliminate all intercompany payments for the use of another group member's employees. Only the compensation actually paid to the employee shall be includible.

Enter Everywhere payroll in 2(a). Enter NH payroll in 2(b). Divide 2(b) by 2(a) and enter the result in 2(c).

LINE 3 — PROPERTY FACTOR: The property factor includes all real and tangible personal property owned, rented and employed by the business organization during the tax period in the regular course of its trade or business. Leasehold improvements are treated as property owned by the business organization. Other tangible assets should be listed separately under 3(a) and 3(b).

"Real and tangible personal property" includes land, buildings, improvements, equipment, merchandise or manufacturing inventories, leasehold improvements and other similar property that reflects the organization's business activities. Property shall be included in the property factor if it is actually used or is available for or capable of being used during the tax period in the regular course of the trade or business of the organization. Property or equipment under construction during the tax period, except inventoriable goods in process, shall be excluded from the factor until such property is actually used or available for use by the business organization in its regular trade or business.

Valuation of Owned Property: Property owned by the business organization must be valued at its original cost. "Original cost" is the basis of the property for federal income tax purposes at the time of acquisition, prior to any federal adjustments, and adjusted by subsequent sale, exchange, abandonment, etc. Inventory is included in the property factor in accordance with the valuation method used for federal income tax purposes.

Valuation of Rented Property: Property rented by a business organization is valued at **8 times** the net annual rate.

Average Value of Owned Property: The beginning and ending cost of owned property is used to determine the average cost for the property factor. Where fluctuations in values exist during the period or where property is acquired or disposed of during the period, a monthly average shall be used to prevent distortions. "Beginning of Period" means the start of the tax period or when the assets are available for use.

Business organizations included in a combined group shall determine the property includible in the property factor after having eliminated all intercompany activity. Intercompany profits included in inventory, realty, equipment and other similar items shall be eliminated from the valuation of property included in the factor.

Enter Everywhere property in 3(a). Enter NH property in 3(b). Divide 3(b) by 3(a) and enter the result in 3(c).

LINE 4 — Enter the total of lines 1(c), 2(c) and 3(c).

LINE 5 — NEW HAMPSHIRE APPORTIONMENT: Enter the result of line 4 divided by 4. Express as a decimal to six places. **If there are less than three factors with an "EVERYWHERE" denominator, then divide line 4 as follows:**

— Sales/Receipts and Payroll – divide by 3
— Sales/Receipts and Property – divide by 3
— Payroll and Property – divide by 2
— Sales/Receipts only – divide by 2
— Property OR Payroll only – divide by 1

FORM
DP-132

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SEQUENCE # 7

NET OPERATING LOSS (NOL) DEDUCTION

For the CALENDAR year **1997** or other tax year beginning ____ ____ ____ (Mo Day Year) and ending ____ ____ ____ (Mo Day Year)

NAME	FEDERAL IDENTIFICATION /SOCIAL SECURITY NUMBER

WHEN TO USE THIS FORM	Use this form to detail the Net Operating Loss Carryforward amount included in the current tax year net operating loss deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the NH tax return in the year the NOL deduction is claimed.

	(A) Ending date of tax year in which NOL occurred (Mo Day Yr)	(B) NOL amount available for five year carryforward period Cannot exceed $250,000 per year and must be adjusted for Transition Credit.	(C) Amount of NOL carryforward which has been used in tax years prior to this tax year	(D) Amount of NOL to be used as a deduction in this tax year	(E) Amount of NOL to carryforward to future years
1					
2					
3					
4					
5					

6 Amount of NOL carryforward deducted this tax year.
(Sum of column D, lines 1-5) 6

This is the amount to be reported on the applicable Business Profits Tax return. This amount cannot exceed the NH Adjusted Gross Business Profits before the Net Operating Loss Deduction.

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E).

IMPORTANT:

A NH Net Operating Loss may be carried forward for five years following the loss year provided, however, that no loss amounts incurred prior to January 1, 1989 shall be used to calculate the NOL deduction.

Rev 303.04(c) – Carryback Of Loss Required. For purposes of calculating the amount of any net operating loss deduction allowed under RSA 77-A:4, XIII, section 172 of the Internal Revenue Code shall be followed, except that,

(1) Any loss amount shall first be carried back to those tax years required by the Internal Revenue Code without application of the election in section 172(b) (3) and applied to any income in the carryback tax years, before any remaining loss is carried forward as a net operating loss deduction.

(2) The carryback of losses as provided in (1) above shall result in neither an allowable net operating loss deduction in the carryback years nor a refund of previously paid taxes. Amended returns filed for such purposes shall be prohibited.

(3) The business organization’s failure to carry back net operating losses and apply them to the income of prior profitable years shall result in the loss being presumed to be fully absorbed in the carryback year(s).

The Net Operating Loss carryforward shall be apportioned pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.04(d).

FORM **DP-160** Schedule CR

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SCHEDULE OF BUSINESS PROFITS TAX CREDITS

RSA 77-A:5

SEQUENCE # 8

For the CALENDAR year **1997** or other tax year beginning ____ ____ ____ (Mo Day Year) and ending ____ ____ ____ (Mo Day Year)

NAME	FEDERAL IDENTIFICATION/SOCIAL SECURITY NUMBER
	_______—__________________

1	Taxes paid pursuant to RSA 83-C Franchise Tax on Public Utilities	1	
2	Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies	2	
3	Bank Franchise Tax Credit (See instructions)	3	
4	Community Development Finance Authority Credit for contributions made or pledged prior to 7/1/94	4	
5	Total Credits allowable pursuant to RSA 77-A:5 (Enter the sum of lines 1, 2, 3, and 4)	5	
6	Total NH Business Profits Tax	6	
7	Total amount of allowable credits (Enter the lesser of line 5 or line 6)	7	

Total amount of these credits shall not exceed the tax due under RSA 77-A.

INSTRUCTIONS

WHEN TO USE THIS SCHEDULE: Use Form DP-160 Schedule CR to report credits taken pursuant to RSA 77-A:5.

Line 1 Enter the total amount of taxes paid during this tax year pursuant to RSA 83-C, Franchise Tax on Public Utilities.

Line 2 Enter the total amount of taxes paid pursuant to RSA 400-A, Taxation of Insurance Companies.

Line 3 **The Bank Franchise Tax Credit** is available for the bank taxes that were paid for the tax year ending March 31, 1993 by any business organization which had a taxable period for purposes of the Business Profits Tax ending between July 1, 1993 and December 31, 1993. However, the aggregate amount of credits allowed cannot exceed the total Business Profits Tax due for the applicable period between July 1, 1993 and December 31, 1993. Up to 25% of the bank franchise taxes paid for the tax year ending March 31, 1993 will be allowed as a credit for each taxable period ending between July 1 and December 31, in the years 1995 through 1998.

Line 4 **Community Development Finance Authority Credit, per RSA 162-L and RSA 77-A:5, V. Contributions must be made or pledged prior to 7/1/94.**

4(a) Community Development Authority Credit for this year: .... $ __________________

4(b) Community Development Credit from prior year: .... $ __________________

Total of 4(a) plus 4(b), not to exceed $200,000 .... $ __________________ Enter on line 4.

If any portion of the CDFA credit is claimed on line 4 of the BET return, or claimed as a credit against the NH Insurance Premium Tax, then the combined total of the CDFA credit shall not exceed $200,000 in any given tax year.

Line 5 Enter the sum of lines 1, 2, 3 and 4.

Line 6 Enter the amount of NH Business Profits Tax as computed on Form NH-1120, Form NH-1065, Form NH-1040 or Form NH-1041.

Line 7 Enter the lesser amount of line 5 **or** line 6. This is the total amount of statutory credits allowed under RSA 77-A:5. Enter this amount on the line "CREDITS ALLOWED UNDER RSA 77-A:5" on your NH Business Profits Tax return.

FORM **DP-120** Schedule S

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SEQUENCE # 9

BUSINESS PROFITS TAX – SMALL BUSINESS CORPORATIONS
COMPUTATION OF "S" CORPORATION GROSS BUSINESS PROFITS

For the CALENDER year **1997** or other tax year beginning ___ Mo ___ Day ___ Year and ending ___ Mo ___ Day ___ Year

NAME	FEDERAL IDENTIFICATION NUMBER

WERE ANY DISTRIBUTIONS MADE TO NEW HAMPSHIRE SHAREHOLDERS? Yes_____ No _____
If yes, then you are required to file form DP-9 under separate cover by May 1, 1998 to report actual distributions to New Hampshire shareholders.

1 Income and Deductions from Federal Form 1120S. SHOW ALL LOSSES IN BRACKETS, e.g. ($50)

(a) Ordinary income (loss) from trade or business activities (Federal Form 1120S, Page 1, line 21) .... 1(a)

(b) Net income (loss) from rental real estate activities (Federal Form 1120S, Schedule K, line 2) .... 1(b)

(c) Net income (loss) from other rental activities (Federal Form 1120S, Schedule K, line 3c) .... 1(c)

(d) Portfolio income (loss) such as but not limited to interest, dividend or royalty income (Federal Form 1120S, Schedule K, lines 4a, b, c & f) .... 1(d)

(e) Capital gain on the sale of assets (Federal Form 1120S, Schedule K, lines 4d & e) .... 1(e)

(f) Net gain (loss) under section 1231 (Federal Form 1120S, Schedule K, line 5) .... 1(f)

(g) Other income (loss) from "S" corporation activities (Federal Form 1120S, Schedule K, line 6) .... 1(g)

(h) Other "S" Corporation expenses shown on Federal Form 1120S, Schedule K, lines 7, 8, 9 &10 (Refer to Rev 302.01 for limitations)........ 1(h) ( )

(i) Total "S" corporation Income and deductions [Combine lines 1(a) through 1(h)] .... 1(i)

2 Other deductions not included in "S" Corporation return allowable to "C" Corporations under Internal Revenue Code. (Attach supporting schedule)........ 2 ( )

3 "S" Corporation Gross Business Profits or Loss [Combine line 1(i) and line 2.] Enter here and on page 1, line 1 of Form NH-1120........ 3

INTENT: It is the primary intent of the Department to equate the federally distinguished subchapter "S" corporations with the regular corporations. No part of this form shall be construed as to allow a greater deduction from income or inclusion to income than would be allowable for regular corporations. (Rev 302.01)

FOR ADDITIONAL INFORMATION: Please see Rev 302.01 or contact the Audit Division at (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

WHO MUST FILE: Corporations which qualify for and file as Subchapter "S" corporations for federal income tax purposes pursuant to Internal Revenue Code as amended are treated the same as corporations which file as regular corporations for federal income tax purposes. All business organizations organized as Subchapter "S" corporations for federal income tax purposes must file Form DP-120.

WHEN TO FILE: Form DP-120 must be filed with Form NH-1120.

FORM
DP-9

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SMALL BUSINESS CORPORATIONS ("S" Corp) INFORMATION REPORT FOR CALENDAR YEAR 1997

DUE ON OR BEFORE MAY 1, 1998

DO NOT ATTACH TO RETURN

NAME OF "S" CORPORATION

STREET ADDRESS

CITY, STATE, ZIP CODE

FEDERAL IDENTIFICATION NUMBER

—

DO NOT FILE WITH THE RETURN. MAIL UNDER SEPARATE COVER TO ADDRESS BELOW.

Shareholder Name and Address (New Hampshire Residents ONLY)	Shareholder Social Security Number	Amount of Distribution
	— —	$
	— —	$
	— —	$
	— —	$

If additional space is required, attach another sheet.

WHO MUST FILE: This report must be completed by every "S" corporation which has made actual distributions to its New Hampshire shareholders during the calendar year, per RSA 77:17-a.

WHAT TO FILE: Actual distributions from "S" corporations made to New Hampshire residents are taxable to the individual recipient under New Hampshire Interest & Dividends Tax law. "S" corporations are required to use this form to report such distributions. Report any **actual distributions** from accumulated profits (as defined in RSA 77 and Rev. 901). Do not report the shareholder's proportionate share of the "S" corporation's income or loss as shown on their Federal Schedule K-1.

WHEN TO FILE: This report is due on or before May 1 for the preceding CALENDAR year .

NEED HELP? Call the Audit Division at (603) 271-3400. For hearing or speech impaired individuals, call TDD Access: Relay NH 1-800-735-2964.

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

SIGNATURE OF OFFICER

SIGNATURE OF PAID PREPARER OTHER THAN TAXPAYER

TITLE DATE

PREPARER'S IDENTIFICATION NUMBER DATE

THIS FORM MUST BE MAILED UNDER SEPARATE COVER TO:

NH DEPT REVENUE ADMINISTRATION
AUDIT DIVISION
PO BOX 457
CONCORD NH 03302-0457

PREPARER'S ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

FORM
NH-1120-ES
702

BUSINESS TAX – CORPORATION

1998 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS		
a BET Taxable Base after Apportionment		
b Gross Business Profits Tax After Apportionment		
2 TAX		
a Line 1(a) x .0025		
b Line 1(b) x 7%		
3 CREDITS		
a RSA 162-L:8, CDFA		
b RSA 77-A:5 (Please be sure to include the BET Credit)		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)]		
5 Overpayment from last year		
6 Balance of Business Taxes Due (line 4 less line 5)		

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment **BET** (¼ of appropriate line 6)	**BPT**	Total Due (BET and/or BPT)	**CALENDAR YEAR DUE DATES**
1.	$	$	$	**April 15, 1998**
2	$	$	$	**June 15, 1998**
3	$	$	$	**Sept. 15, 1998**
4	$	$	$	**Dec. 15, 1998**

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

FORM
NH-1120-ES
702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX- 1998

For the CALENDAR year **1998** or other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

OFFICE USE ONLY

Please Print or Type

NAME OF CORPORATION

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP COD

FEDERAL IDENTIFICATION NUMBER
______ — ______

Business Enterprise Tax	1	
Business Profits Tax	2	
Amount of This Payment	**3**	

MAIL TO:
NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637

Make check payable to: ***STATE OF NEW HAMPSHIRE***
Enclose, but do not staple or tape, your payment with this estimate

FORM
NH-1120-ES
702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX- 1998

For the CALENDAR year **1998** or other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

OFFICE USE ONLY

Please Print or Type

NAME OF CORPORATION

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

FEDERAL IDENTIFICATION NUMBER

______________ – ____________________________________

Business Enterprise Tax	1		
Business Profits Tax	2		
Amount of This Payment	**3**		

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NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD NH 03302-0637

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Enclose , but do not staple or tape your payment with this estimate.

(Cut along this line)

FORM
NH-1120-ES
702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX- 1998

For the CALENDAR year **1998** or other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

OFFICE USE ONLY

Please Print or Type

NAME OF CORPORATION

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

FEDERAL IDENTIFICATION NUMBER

______________ – ____________________________________

Business Enterprise Tax	1		
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Amount of This Payment	**3**		

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FORM
NH-1120-ES
702

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED CORPORATION BUSINESS TAX- 1998

For the CALENDAR year **1998** or other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

OFFICE USE ONLY

Please Print or Type

NAME OF CORPORATION

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

FEDERAL IDENTIFICATION NUMBER

______________ – ____________________________________

Business Enterprise Tax	1		
Business Profits Tax	2		
Amount of This Payment	**3**		

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NH DEPT REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
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